

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.  
**646519**  
APPLICANT(S)

FILING DATE  
**5-7-96**

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1						51					
2		1					52					
3		1					53					
4		1					54					
5	1						55					
6		4					56					
7		①					57					
8		1					58					
9		1					59					
10		1					60					
11		2					61					
12		2					62					
13		2					63					
14	1						64					
15	1						65					
16		1					66					
17		1					67					
18		1					68					
19		1					69					
20		1					70					
21		2					71					
22		2					72					
23		2					73					
24		①					74					
25		①					75					
26		①					76					
27							77					
28							78					
29							79					
30							80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	4						TOTAL IND.					
TOTAL DEP.	31						TOTAL DEP.					
TOTAL CLAIMS	35						TOTAL CLAIMS					